

TRANSMITTAL LETTER

P 99000090576

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

300003011243--4
-10/11/99-01087--003
*****87.50 *****87.50

SUBJECT: W. H. Smith Brokers INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☒ \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: WALTER SMITH Jr.
Name (Printed or typed)

1060 NE 87 Street
Address

Miami, FL 33138
City, State & Zip

305 754-5672
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 OCT 11 AM 11:50

FILED

F. CHASSIN OCT 14 1999

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

W. H. Smith Brokers Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1060 NE 87 ST, Miami FL, 33138

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

200

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

WALTER SMITH Jr. 1060 NE 87 ST
Miami FL, 33138

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

WALTER SMITH Jr.
1060 NE 87 Street
Miami FL 33138

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Date

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99 OCT 11 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCTober, 7, 1999

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